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|---|-----------------------------|---------------------------|
| GOVERNMENTAL AGENCY (pursuant to Welf. & Inst. Code, §§ 11475.1, 11478.2): _____ | TELEPHONE NO.: _____ | FOR COURT USE ONLY |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME: | | |
| PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT: | | |
| RESPONSE OF DISTRICT ATTORNEY TO NOTICE OF INTENT TO TAKE INDEPENDENT ACTION TO ENFORCE SUPPORT ORDER | | |
| | | CASE NUMBER: |

1. ☐ The district attorney consents to the taking of the proposed independent enforcement action as follows (*specify*):
2. ☐ The district attorney objects to all or a part of the proposed independent enforcement action for the following reasons:
- a. ☐ The district attorney is currently using an administrative or judicial method to enforce the support obligation.
 - b. ☐ The proposed independent enforcement action would interfere with an investigation being conducted by the district attorney.
 - c. ☐ Other (*specify*):

Date: _____

..... (TYPE OR PRINT NAME)

▶

(SIGNATURE OF ATTORNEY)

3. DECLARATION OF MAILING

I served a copy of this document by enclosing it in a sealed envelope and depositing the envelope

☐ directly in the United States mail with postage paid OR ☐ at my place of business for same day collection and mailing with the United States mail, following our ordinary business practices with which I am readily familiar.

a. Date of deposit: _____ c. Place of deposit (*city and state*): _____

b. Addressed as follows: _____

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____

..... (TYPE OR PRINT NAME)

▶

(SIGNATURE OF DECLARANT)